

	Baseline	Award Year 3	End of Award Year 4	Post SIM Environment
Goal		Providers and Covered lives in VBP increases to 45%	Providers and Covered lives in VBP increase to 50%	Providers and Covered lives in VBP increases to 80%
Impact	In 2015, 10.9% of Medicaid and 32% of Wellmark lives were covered under VBP programs. Additionally, 44.7% of Medicaid primary care and 53% of Wellmark primary care participated in ACO programs.	While provider participation is already close to 45% in Medicaid and over 45% in Wellmark, increasing the number of covered lives under those existing contracts to reach 45% will motivate providers to prioritize process improvements to achieve success in these arrangements	Additional increases in financial risk categories within VBP (3B) will intensify provider's attention to achieving shared savings outcomes. Getting Medicare, Wellmark and Medicaid to 50% of covered lives aligns payment reform and delivery system reform efforts.	Value based care like ACO contracting is what providers have embraced in Iowa. They focus on population health strategies and engage in public health prevention because the expectation of a more quality oriented, consumer-driven marketplace has changed; this is necessary to remain competitive and viable.
GoalIowa receives approval of at least one “Other Payer Advanced APM Program				
Impact	In 2015, the MACRA legislation regarding Other Payer Advanced APM was not released; however, Iowa providers were participating with Medicare, Medicaid and Wellmark in APM programs, known as ACOs.	Iowa stakeholders realize the importance of Medicaid and Wellmark pursuit of an A-APM designation. Discussions around the clinical quality measures and the means at which those measures are collected and incorporated in an ACO contract are vetted. Medicaid works in partnership with the MCOs to implement an aligned program that meets the requirements of A-APM	The ACO programs for Medicaid and Wellmark are reviewed with CMMI and a designation is achieved. Providers are increasing covered lives under each ACO A-APM program and have a path to be a Qualified Participant in the QPP program in 2019 and beyond	Iowa providers have positioned themselves to transform into a system that is focused on value. They have the tools and supports necessary to thrive in payment models with all payers in Iowa.
Goal		TCOC Reduced by 8% below expected (Medicaid and Wellmark)	TCOC Reduced by 15% below expected (Medicaid and Wellmark)	TCOC has come back in line with overall economic marketplace in Iowa. Healthcare is affordable for Iowans.
Impact	In 2015, the Medicaid TCOC population based, per member per month was \$362.46. Additionally each year, Medicaid and Wellmark will calculate a TCOC PMPM for members in VBP, using a 3M risk adjustment and TCOC methodology, establish an expected rate and set a budget for ACOs.	More providers have successful VBP contract results, allowing them to continue to seek ways to transform healthcare.	More providers have successful VBP contract results, allowing them to continue to seek ways to transform the healthcare system.	Healthcare cost trends have reversed in Iowa in both urban and rural environments. Because preventable events have reduced and the system is no longer built upon these unnecessary cost drivers, the system has refocused on preventions and supporting services and activities that keep people well – like the dental delivery system already does for oral health today, for those with coverage.
Goal		Reduce Potentially Preventable Emergency Visits (PPV) by 6% Readmissions (PPR) by 10%, and Hospital Acquired Conditions (HAC)	Reduce Potentially Preventable Emergency Visits (PPV)by 12% Readmissions (PPR) by 20%, and Hospital Acquired Conditions (HAC)	Payers, Providers, communities, government agencies recognize “healthcare” is inclusive of the broader definition of health
Impact	Medicaid PPV = 71.14% Medicaid PPR = 6.28% Iowa c.Diff = .058%	Providers find success in using new tools that drive efficiencies in the system. A new focus on care coordination and preventing unnecessary events emerges	In addition to lower preventable events, TCOC is reduced and providers are successful in ACO contracting. They continue to see ways to use data and improve clinical and social care referrals to support value driven systems.	Because preventable events have reduced and the system is no longer built upon these unnecessary cost drivers, the system has refocused on preventions and supporting services and activities that keep people well.
GoalIowa Providers increase success in APM (risk-based) payment models				
Impact	In 2015, Wellmark had 11 out of 13 organizations successful in an APM. In Medicaid there were 5 out of 5. Medicare reports 23% of ACOs in the Midwest were successful in shared saving programs.	As more and more Iowa providers find success in transforming their system to value-drive (not volume-driven), other provider groups enter APM programs	More provider groups engage in APMs and continue to see ways to use data and improve clinical and social care referrals to support value driven systems.	The system has refocused on preventions and supporting services and activities that keep people well. Iowa’s healthcare economy has stabilized